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March 13, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: William T Fujioka
Chief Executive Officer

MARKETING PLAN FOR COUNTY'S PUBLIC-PRIVATE HEALTHCARE SYSTEM

On January 22, 2013, the Board requested a comprehensive, multi-lingual, multi-cultural plan for marketing the County's public-private healthcare system to attract and retain populations who will gain coverage under health reform. This included a plan for retaining current and future Medi-Cal Expansion patients assigned to a Department of Health Services (DHS) medical home clinic, as well as attracting future insured patients who may obtain coverage through Medi-Cal, the California Health Exchange, or some other coverage program after January 1st.

In response to your Board's instruction, we have prepared the attached report which represents an initial framework, providing for a four phased approach, to guide a marketing effort for the County's healthcare system. In summary, a marketing and branding campaign that markets the DHS to privately insured patients is an important and doable goal. As noted in the plan, given the more immediate challenge of Medicaid expansion and the provision of patient choice for current DHS patients, the focus for the Department at this time needs to remain on Phase I and Phase II. The phases of the marketing plan include:

"To Enrich Lives Through Effective And Caring Service"

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Each Supervisor

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- Phase I - Enrollment and Retention of Low Income Health Plan (LIHP) "Healthy Way LA" Enrollees;
- Phase II - Low-Cost Marketing Opportunities for Current and Future DHS Patients;
- Phase III – Leverage and Review of Current and Future Contracts with Health Plans and IPAs; and
- Phase IV – Expansion of Medicaid Managed Care Enrollees/Newly Privately Insured.

If you have any questions, please contact Anish Mahajan, Director of System Planning, Improvement and Data Analytics, Department of Health Services at (213) 240-8416.

WTF:MLM

ALV:hd

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Health Services

031313_HMHS_MBS_Marketing Plan



Health Services
LOS ANGELES COUNTY

Marketing Plan for Public-Private Healthcare System

March 12, 2013



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SUMMARY

The first marketing priority for Department of Health Services (DHS) is to increase enrollment and subsequently retain its Low Income Health Program (LIHP), or "Healthy Way L.A." (HWLA) patients. There are currently 220,000 HWLA patients who will automatically transition to Medi-Cal on January 1, 2014, with the ultimate goal of enrolling at least 300,000 by this date. DHS' current priority for this population is to ensure continuity of care for these patients and retain the associated capitated revenues for those patients that have DHS as their assigned patient centered medical homes or provide and bill for Community Partners' HWLA/Medi-Cal patients who use our specialty services. This is essential to support the department's future operational costs and sustain the health care safety net for the estimated 1.2 million individuals who are expected to remain uninsured even after health reform is fully implemented. As such, DHS is in the process of implementing the essential health system improvements necessary to increase the capacity, quality, efficiency, and patient experience of the care that it provides to these and other patients, including:

- Providing better customer service, strengthening patient-provider relationships, accomplishing patient centered scheduling, instituting electronic health records, expanding the disease registry and implementing call center improvements.
- Increasing efficiencies to build capacity to see patients without long wait times.
- Increasing primary care and specialty care capacity, accomplishing higher clinical productivity, improving care coordination, and reducing avoidable emergency room visits and hospital admissions by ensuring patients receive the right care in the right setting by the right team of providers.
- Working more closely with L.A. Care and HealthNet for assignments of Medi-Cal patients to our patient centered medical homes.
- Contracting with safety-net clinics and their associated Independent Practice Associations (IPAs) for referral of Medi-Cal or commercial patients to DHS.

1.10 Introduction

The following system strengths should be emphasized as part of any DHS marketing plan:

- Establishment of Patient Centered Medical Homes;
- World Class Providers and Board Certified Physicians;
- Culturally Competent Caregivers;
- On-site laboratory, pharmacy and radiological services;
- Centers of Excellence;
- Affiliations with UCLA and USC;
- Partnerships with Community Partner Clinics;
- Patient Assignment and Integrated Care Management;
- Use of New Technologies to Improve Care;
- New and Upgraded Health Facilities; and
- Excellent Customer Service.

1.2 Marketing Plan

DHS envisions a phased-in marketing approach, which will focus on the following four areas:

1.2.1 Phase I – Enrollment and Retention of LIHP

Phase I will support the new enrollment and retention of LIHP “Healthy Way L.A.” enrollees through a coordinated county-wide outreach campaign for new and existing HWLA members as well as ensure a seamless transition of HWLA members into Medi-Cal Managed Care who ideally will feel supported by and remain connected to DHS throughout the transition process.

- **Target Group:** Current and Future HWLA Enrollees

1.2.2 Phase II – Low-Cost Marketing Opportunities for Current and Future DHS Patients.

Phase II includes marketing efforts that will be implemented within existing resources and that showcase the department’s strengths. The implementation of these initiatives are still under discussion within the Department but would be geared towards all DHS patients, current and future.

- **Target Group:** Current and Future DHS Patients

1.2.3 Phase III - Leverage and Review of Current and Future Contracts With Health Plans and IPAs.

DHS currently has eight (8) health plans and one independent practice association (IPA) contract for targeted DHS services where capacity exists (i.e. Rancho Los Amigos, LAC+USC Burn or Ob/Gyn and Pediatrics services at Olive View-UCLA). We are currently reviewing our contract needs in preparation for healthcare expansion as well as the operational details with authorization, referral, care coordination and billing practices to ensure that when referrals are made, we successfully care and bill for the services provided.

- **Target Group:** Newly insured Medicaid Managed Care Enrollees, Newly insured through the California Health Insurance Exchange (Covered California) or employer-based programs

1.2.4 Broader Marketing Opportunities for Medicaid Managed Care Enrollees and New Privately-Insured Patients.

Phase IV supports a larger marketing/branding campaign which builds upon the efforts of Phases I, II, and III. The optimal scope and timing for Phase IV activities will depend upon the following: 1) DHS demonstrating its ability to successfully retain its HWLA membership within the DHS network once patients have provider choice; 2) patient care infrastructure and capacity issues are fully stabilized and DHS has the capacity and staffing to drive patient acquisition; 3) a marketing budget is approved to fund focus groups and development of a comprehensive paid media/advertising and public relations effort; and 4) messaging to support a comprehensive “image” or branding effort is developed.

- **Target Group:** Newly insured Medicaid Managed Care Enrollees, Newly insured through the California Health Insurance Exchange (Covered California) or employer-based programs

2.0 PHASE I – LIHP “HEALTHY WAY LA”.

A recent UCLA study funded by the Blue Shield Foundation predicts that 3.1 to 4 million Californians will remain uninsured in 2019, depending on how proactive Counties are in their efforts to outreach to residents about their coverage options. Approximately 62 percent of these individuals - or up to 2.5 million - will reside in Los Angeles County/Southern California, the vast majority of whom (75 percent) will be U.S. citizens or lawfully present immigrants eligible for some type of coverage under federal, State, and county programs or private insurance through Covered California.

A separate study by LA Health Action (LAHA) found that an estimated 550,000 currently uninsured individuals are potentially eligible for the HWLA program, although approximately 220,000 are enrolled. To address these enrollment opportunities and challenges, DHS initiated its “Everyone on Board!” campaign in October 2012, with its official launch occurring in January 2013.

2.1 “Everyone on Board!”

The “Everyone on Board!” campaign is made up four County Departments (Chief Executive Office, DHS, Department of Public Health, Department of Public Social Services), numerous community based and advocacy groups, community partner clinics and labor unions working together to “market” HWLA and other coverage programs to County residents.

The ultimate goal of “Everyone on Board!” is to develop clear, easy to understand and consistent messaging that “markets” HWLA and other coverage programs to County residents. This includes helping individuals make sense of coverage options under the Affordable Care Act, understanding the various doors to health care coverage including but not limited to HWLA, and obtaining clear information about how to acquire health care coverage and stay covered. The coalition aims to develop and distribute – utilizing the on-the-ground knowledge of community based organizations who are trusted within these communities - outreach materials which will be tailored to reach diverse populations, especially those that may be the most difficult to reach. Partners within the “Everyone on Board!” Campaign have applied for a grant to produce professional quality materials in multiple languages for County staff and for “Everyone on Board!” members and other community based groups to use in a wide variety of outreach and enrollment formats.

DHS is also coordinating messaging and materials for the County’s 211 phone information line, whose staff are also a member of the coalition, and who are already disseminating information about coverage to hundreds of thousands of callers.

2.2 HWLA to Medi-Cal Transition

On January 1, 2014, DHS will transition its HWLA patients into Medicaid Managed Care. DHS must begin its transition process for these “newly eligible” individuals well in advance of January 2014.

DHS continues to actively enroll individuals into the HWLA program. The HWLA Program currently has over 220,000 enrolled members, with a target enrollment of at least 300,000 by January 1, 2014. DHS, in partnership with the Department of Public and Social Services (DPSS) will also attempt to renew coverage of approximately 150,000 of these patients in 2013.

The waiver requires states to develop a transition plan for actively enrolled LIHP members into the State’s Medicaid Expansion program effective January 1, 2014. Given this impending deadline and the considerable investment made by DHS and its Community Partner clinics to enroll and retain patients, DHS has already begun working closely with the State, community partner clinics and health plans to: 1) ensure a seamless transition of HWLA members into the Medicaid Expansion program; and 2) ensure that HWLA members are afforded optimal opportunities to retain their current medical home provider. While preserving member choice is paramount, DHS and its partners must simultaneously mitigate any disruptions in treatment plans and ensure that patients feel loyal to their medical home throughout the process.

For this reason, DHS has convened a LIHP Transition Workgroup with L.A. Care Health Plan and Community Partner clinic representatives to develop a plan that supports the following goals:

- 2.2.1** Ensure that LIHP members experience a seamless transition into the Medi-Cal program and experience no gap in coverage.
- 2.2.2** Ensure that LIHP members retain their currently assigned HWLA clinic provider upon transition to a Medi-Cal health plan in order to mitigate any disruption in care or treatment plans.
- 2.2.3** Ensure that LIHP members are automatically enrolled in Medi-Cal on January 1, 2014 and no additional information or action is required on behalf of the member.
- 2.2.4** Ensure that members receive timely and comprehensive information about the transition to mitigate confusion and anxiety.

2.2.5 Ensure that members understand any potential changes in benefits, coverage options or provider networks as a result of the transition so that they may plan accordingly.

Notices of the Medi-Cal transition are required under the waiver to be sent to LIHP members no later than 90 days before January 1, 2014. However, DHS plans to do better than this, and in fact wishes to use the Medi-Cal transition as an opportunity to alleviate confusion and create a kind of “brand loyalty” to DHS during this transition period. Therefore, the Department is currently developing a comprehensive plan to communicate with and retain patients throughout the transition period. While this plan is still under development between the community partner clinics and DHS, it is certain to include numerous patient outreach strategies by mail, phone and even in person throughout the year.

3.0 PHASE II – PROPOSED LOW COST MARKETING VEHICLES

Phase II includes marketing efforts that will be implemented within existing resources and that showcase the department's strengths. The scope, design, and timeline for these initiatives are still under development and discussion within the Department, but would be geared towards all DHS patients, current and future. The following are a few examples of initiatives under consideration for Phase II:

- 3.1 Waiting Room Videos:** Leverage CEO Public Affairs multimedia capabilities to showcase strength areas listed above through existing and new short videos that can be played in clinic waiting areas; videos will showcase DHS providers, quality improvement milestones, and customer service initiatives. DHS will need to make nominal investment in TVs in all DHS clinic waiting rooms to maximize exposure to the DHS audience. Leverage additional available health content developed by Kaiser, Health and Human Services, on topical health issues and health reform matters.
- 3.2 High Impact Collateral:** Develop high impact marketing pieces (brochures and pamphlets) that profile real DHS patients that can be provided at community events or to DHS patients at appointment check-in or discharge. Create point of sale displays for high traffic clinic areas that highlight DHS quality and patient satisfaction efforts.
- 3.3 New DHS Website:** DHS is re-engineering its website to be more patient friendly and facilitate accessing services for all of its patients. This site will be a core marketing tool that can be populated with relevant and engaging content building on strength areas with news media pieces highlighting positive stories of DHS.
- 3.4 Healthy Living Seminars:** To retain DHS patients, DHS clinics should consider hosting free and educational health seminars for patients and their families led by DHS medical experts to reinforce healthy lifestyles and reach them in new ways outside the traditional clinic visit. These could be seminars, cooking classes, sports health, or lectures on healthy lifestyles for diabetics.
- 3.5 Public Relations:** Develop programs around key strength areas for news media coverage; generate good stories in the media that will be seen by HWLA and other potential DHS clients.

4.0 PHASE III – LEVERAGE and REVIEW of CURRENT and FUTURE CONTRACTS WITH HEALTH PLANS AND IPAs

A review of our current portfolio of revenue contracts shows that DHS has contracts with large commercial and managed care Medi-Cal health plans such as Aetna, Blue Shield, Cigna, HealthNet, Kaiser, L.A. Care and others. For a variety of reasons, referrals of commercial patients have been low to DHS services where capacity exist. We intend to systematically explore the issues with the health plans and IPAs so that patients can access DHS services and navigate between DHS and non-DHS care settings. The following are a few example of the review process.

- 4.1 Engage and educate health plan and medical group referral staff:** There is a general perception that all DHS specialty services are overwhelmed and that there is no capacity anywhere in our system. This is not actually the case. There are certain specialty care services that currently do have capacity to take on patients and that can be marketed to contracted health plans and IPAs. In addition, with further roll-out of eConsult, we are seeing a more efficient use of our existing specialty care capacity, which is freeing up capacity to see more patients in some specialties. We are working with our specialty services to compile a priority list for marketing.
- 4.2 Define a clear and simple referral process:** With the heavy managed care presence in Southern California, DHS needs to have a clear and simple process for health plans and IPAs to refer patients into our system. As we work with health plans and IPAs, we need to have an easy process that can be understood and executed by both DHS and referring staff.
- 4.3 Review of contract structure and rates:** The bulk of our contracts are with health plans. Due to health care market structure, we need to be sure that the health plan, IPAs and referring providers are aligned. For example, a review of a recent contract shows that the rates for the facility services were competitive, but high for out-patient and professional services. Thus, the IPA and their doctors may have been reluctant to refer patients to DHS as the combined facility and professional fees maybe above non-market rates for their portion of the financial responsibility. There are also potential services such as burn, where the need is emergent and unpredictable and it is unclear whether contracts are helpful. With burn services, as an example, it may make more sense to generate a one-time letter of agreement for the services provided.

4.4 Develop on-going business relationships: This is an area that will need more planning and possible additional investment of staff and resources. Given the changing health care environment, DHS will need to engage and participate more with the local health care market and be sure that our authorization and billing practices are consistent with community practice. Thus, for example instead of relying on the emergency room as our main source of referrals and admissions, we now need to develop and build strong business relationships with key business partners (health plans and IPAs). The scope and development of this will be on-going.

4.5 Streamline contract process and County contract terms: We are working with the health care task force to review DHS' contracts to see if there are processes that can be stream-lined or County contractual terms that may need to be modified in order to expedite and facilitate contracts with health plans and IPAs.

5.0 PHASE IV – EXPANSION of MEDICAID MANAGED CARE ENROLLEES/NEWLY PRIVATELY-INSURED

A marketing and branding campaign that markets the DHS more broadly to privately insured patients is an important and doable goal. Given the more immediate challenge of Medicaid expansion and the provision of patient choice for current DHS patients, the focus for the Department at this time needs to remain on Phase I and II. The optimal scope and timing for Phase III activities will depend upon the following: 1) DHS demonstrating its ability to successfully retain its HwLA membership within the DHS network once patients have provider choice; 2) patient care infrastructure and capacity issues are fully stabilized and DHS has the capacity and staffing to drive patient acquisition; 3) a marketing budget is approved to fund focus groups and development of a comprehensive paid media/advertising and public relations effort; and 4) messaging to support a comprehensive “image” or branding effort is developed.